Complete and send the	3 2005	pplicable f	ee(s), to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSU Commissioner f P.O. Box 1450 Alexandria, Vir (703) 746-4000	discontinuos di Constantinuo d	F	
appropriate. All fullify corr indicated unless corrected by maintenance fee notification	respondence including the leading the lead	atent, advance or in Block I, by (a	rders and notification  i) specifying a new	LICATION FEE (if requipment of maintenance fees correspondence address	uired). Blocks I through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
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Steven J. Sarussi  McDonnell Boehnen Hulbert & Berghoff  LLP  32nd Floor  300 S. Wacker Drive				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
Chicago, IL 60606			May 31.	2005	(Depositor's name) (Signature) (Date)		
APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/038,069	12/21/2001		Guiying Li		01-019-A	7326	
TITLE OF INVENTION: BI	ENZIMIDAZOLE AND PY	RIDYLIMIDAZO	• •				
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	visional NO \$14		0	\$300	\$1700	06/01/2005	
EXAMINER		ART UN	NIT	CLASS-SUB CLASS	]	•	
HABTE, KAHSAY		1624	<b>,</b>	514-256000			
Address form PTO/SB/12  "Fee Address" indicate PTO/SB/47; Rev 03-02 on Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	etion form  c of a Customer  E PRINTED ON Tellow, no assignee of this form is NO	or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  e data will appear on the patent. If an assignee is identified below, the document has been filed for OT a substitute for filing an assignment.				
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4a. The following fee(s) are		<u>.</u>	o. Payment of Fee(s	;):			
Issue Fee	mall entity discount permitte	<del>.</del>	A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of	Copies10		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2490 (enclose an extra copy of this form).				
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Typed or printed name	Steven J. Sar		<del> </del>	_	n No32,784		
Alexandra, Virginia 22313-	1430.				the public which is to file (an minutes to complete, includin comments on the amount of tid Trademark Office, U.S. Dep SS. SEND TO: Commissioner a displays a valid OMB control		
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